

Name
in
Full

CERTIFICATE OF DEATH

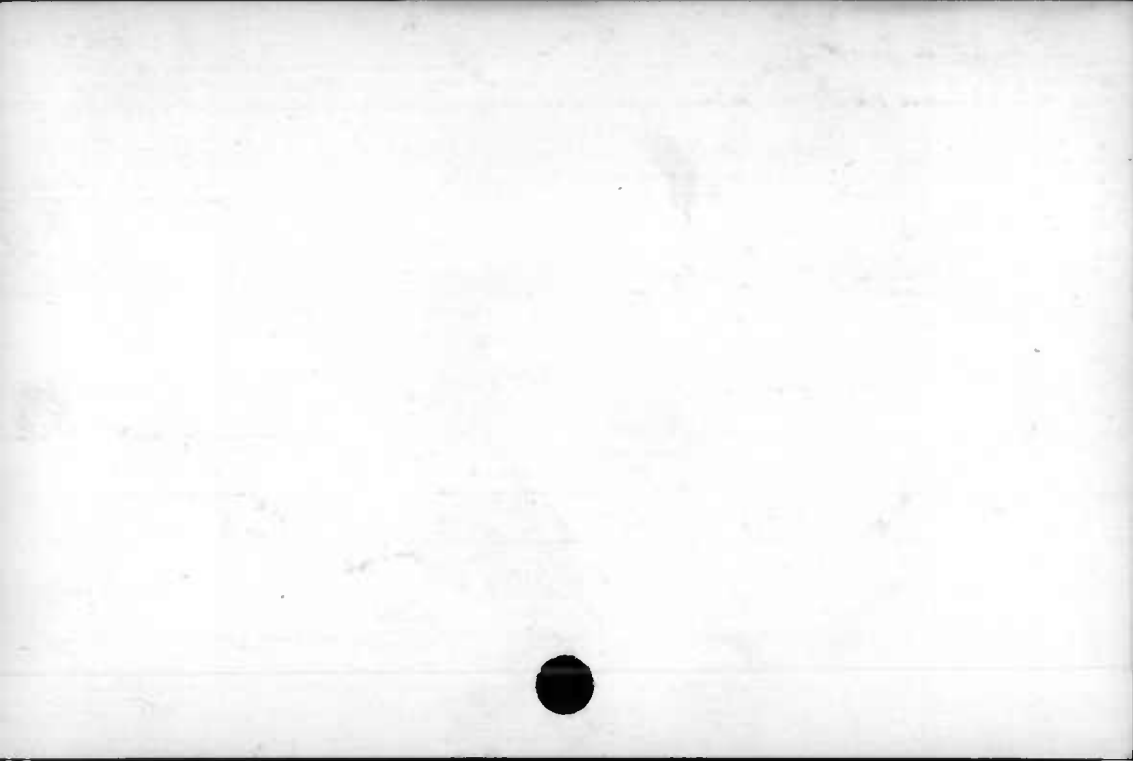
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Centerville</i>		Town <i>Centerville</i>		County <i>Garrett</i>		MARYLAND	
Date of death <i>1907</i>		Month <i>June</i>		Day <i>2</i>		Age <i>78</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth-place		Months <i>11</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Ellen Bachtel (nee Ellen Winter)</i>					
Father's Name <i>Russell Kueper</i>		Father's Birthplace					
Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>					
Name of person giving information		How related to deceased <i>79</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>General Debility; X-Metral Regurgitation</i>		How long <i>one month</i>	
Immediate <i>Heart failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. Kelly</i>	
		Address <i>Keokuk Iowa</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

Laura C Baker

Town

County

Died at

Grantonville

Garret

MARYLAND

Date

Month

Day

Years

Months

Days

of death 190

Jan

30

Age

26

Sex

Female

Color or
Race

White

Birth-
place

Grantonville Md

Occupation

Housewife

Where Residing if not
at place of death

Grantonville

Married, Single
or Widowed

Married

Name of Wife or
Husband

Henry Baker

Father's
Name

Wingfield S. Durock

Father's
Birthplace

Grantonville

Mother's
Maiden Name

Susan Crow

Mother's
Birthplace

Arden Md

Name of person giving
In formation

Henry Baker

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Fribric Junt of Heart

How long

Several Years

Immediate

Abortion and Poisoning

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. T. Holman

Address

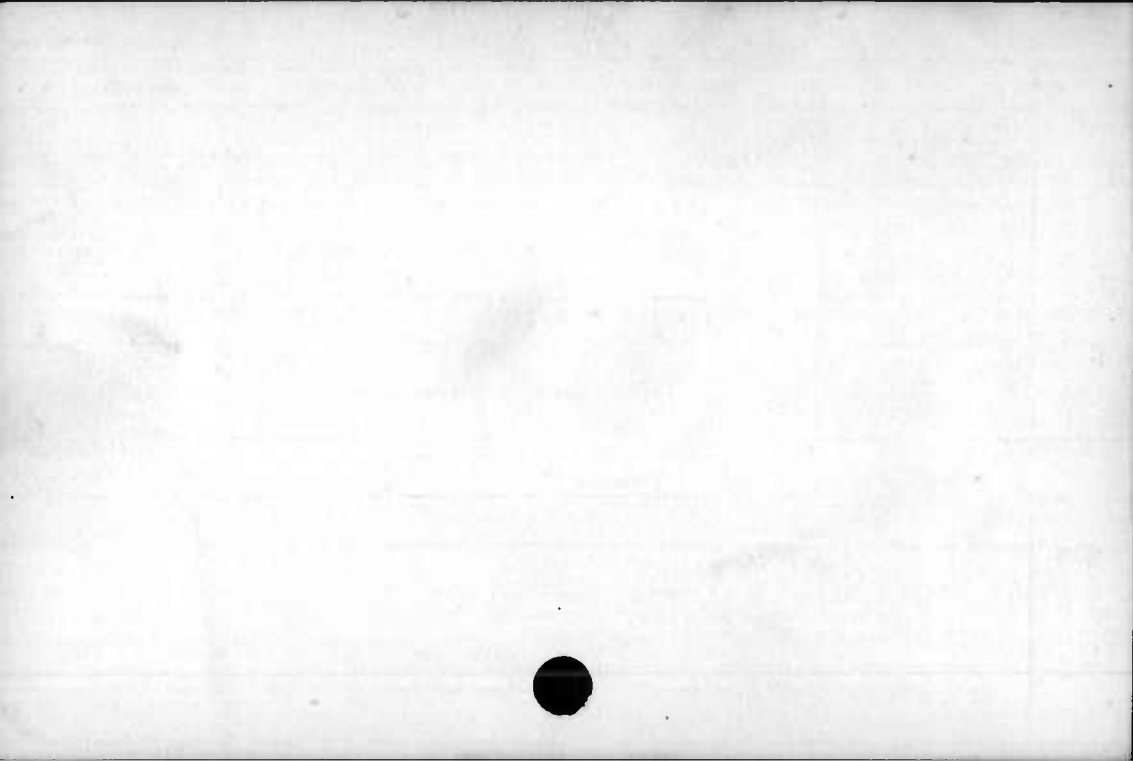
Grantonville Md

Accident or Suicide?

No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

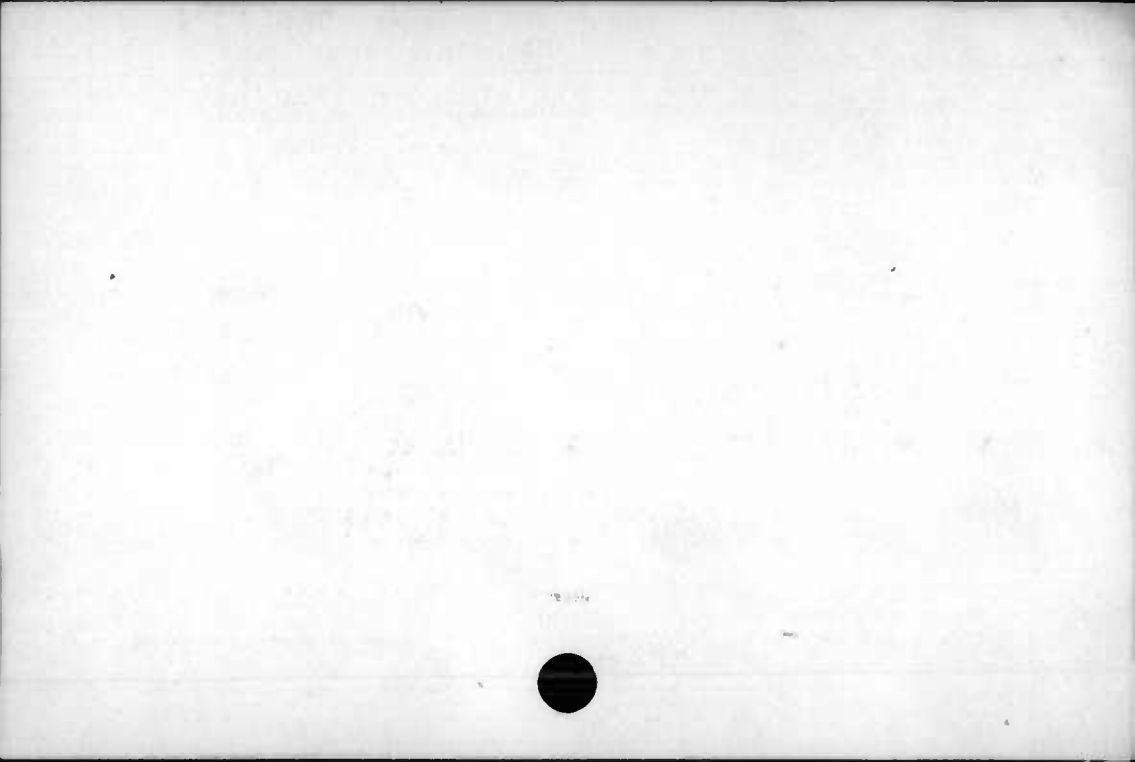
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Thomas Baker		Town Linzell		County Garnett		MARYLAND	
Died at		Date of death 190		Age		Months	
		7 January 21		14		4 17	
Sex male		Color or Race white		Birth-place Garnett Co.			
Married, Single or Widowed single		Occupation Attending School					
Name of Wife or Husband							
Father's Name Philip Baker		Father's Birthplace Garnett Co.					
Mother's Maiden Name Annie Miller		Mother's Birthplace Pennsylvania					
Name of person giving information Philip Baker		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Articular Rheumatism	How long Two weeks
Immediate Heart Failure	How long
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician John A. Watson
	Address Frostburg Md
Accident or Suicide?	



Name
in
Full

Nora Emma Bowman

CERTIFICATE OF DEATH

Died at ^{Town} McHenry^{County} Garrett

MARYLAND

Date of death 1907 Jan 16 Age 4 Years 9 Months 23 Days

Sex Female Color or Race white Birth-place Garrett

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed

Name of Wife or Husband

Father's Name Samuel Bowman

Father's Birthplace Ind

Mother's Maiden Name Sarah E. Sauer

Mother's Birthplace Pa

Name of person giving information Samuel Bowman

How related to deceased Father

CAUSES OF DEATH

Primary

Malformation

How long

from birth

Immediate

malformation of nervous system & brain exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

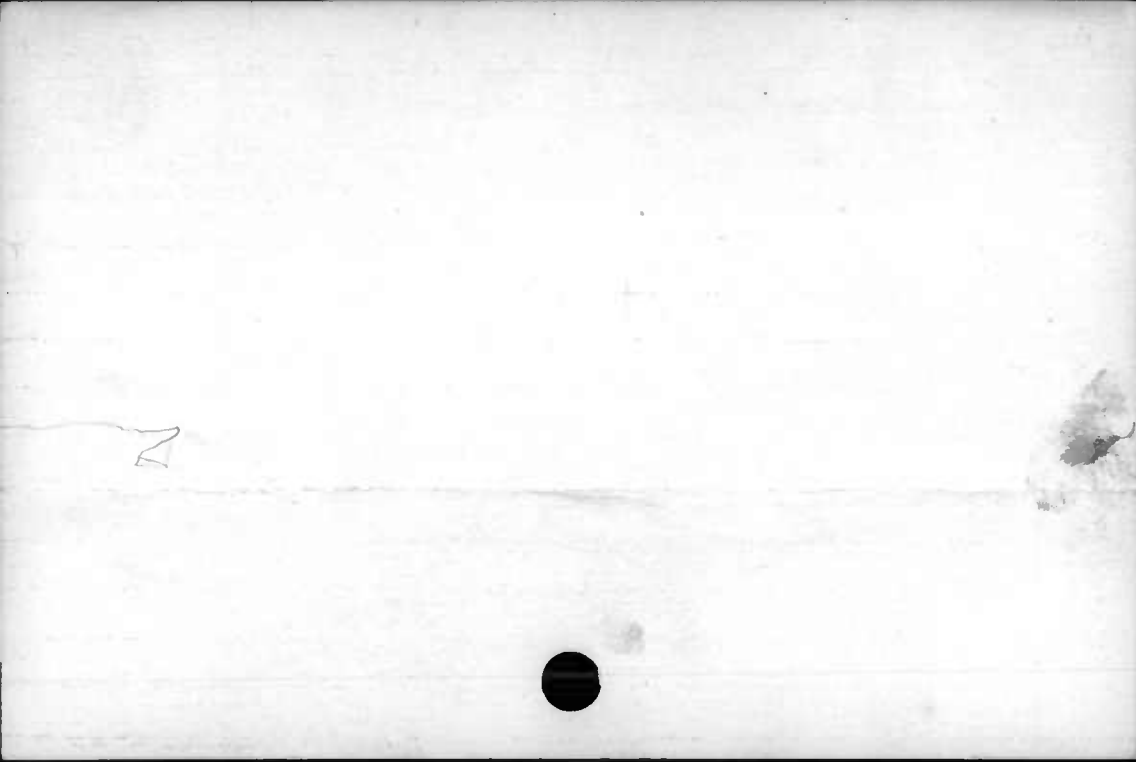
Signature of Physician

Address

H. R. Boyer MD
Academy
Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Town				County		STATE OF MARYLAND					
TO BE ANSWERED BY NEAREST FRIEND		Died at		Granterville		Garra		MARYLAND					
		Date of death		190	Month	Jan	Day	31	Age	Years	76	Months	11
		Sex		Female		Color or Race		White		Birth-place		Berlin Pa	
		Occupation		Housewife		Where Residing if not at place of death		Granterville Md					
		Married, Single or Widowed		Married		Name of Wife or Husband		Unknown					
		Father's Name		Peter Peterishyn				Father's Birthplace		Berlin Pa			
		Mother's Maiden Name		Susan Miller				Mother's Birthplace		Berlin Pa			
Name of person giving information		Valentine Binger				How related to deceased		son.					
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary		General Debility				How long		2 Years			
		Immediate		Initial Drooping				How long		5 Months			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		A. J. [Signature]					
						Address		Granterville Md.					
		Accident or Suicide?											

1990

Name
in
Full

CERTIFICATE OF DEATH

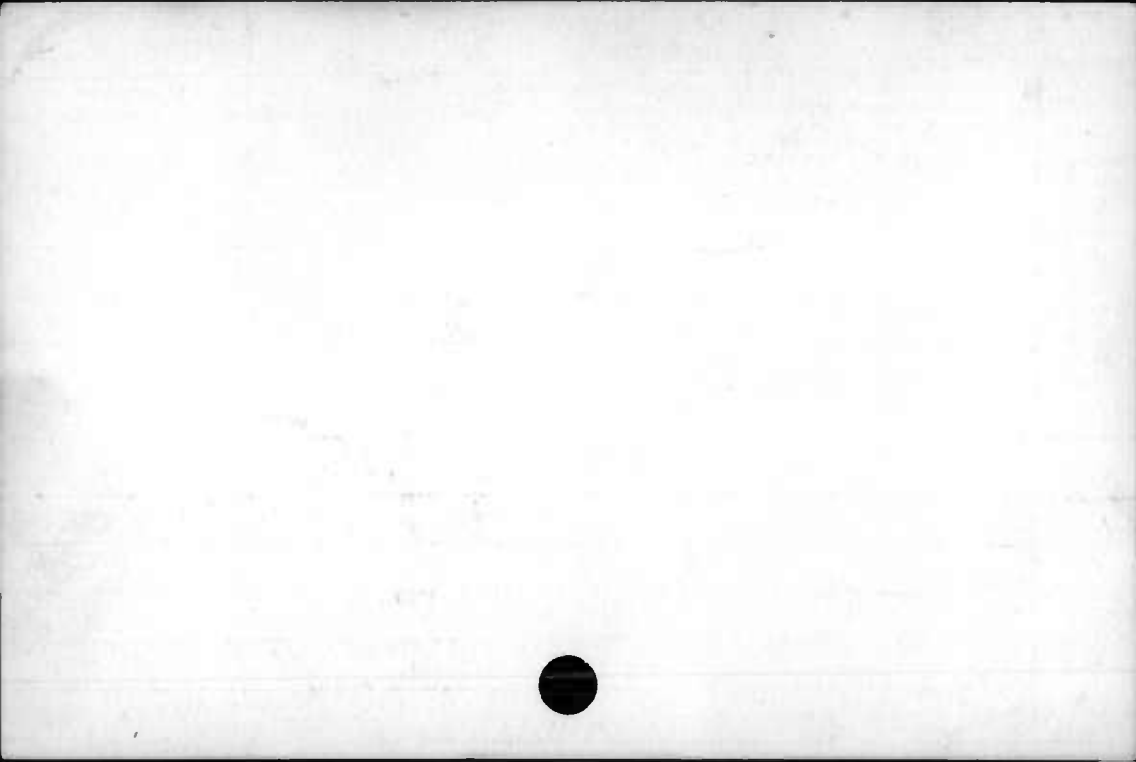
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Grace Brochy		Town Grantonville		County Sanford		MARYLAND	
Died at		Month Jan		Day 8		Years 4	
Date of death 1907		Age 4		Months 4		Days 10	
Sex Female		Color or Race White		Birth-place Pawleys Md			
Occupation Chieft		Where Residing if not at place of death Grantonville					
Married, Single or Widowed Chieft		Name of Wife or Husband —					
Father's Name Christian Brochy		Father's Birthplace Grantonville Md					
Mother's Maiden Name Mary Kniff		Mother's Birthplace Spring Pa					
Name of person giving information Ed Brochy		How related to deceased Uncle					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pneumonia & Mucos		How long 15 days	
Immediate Acute Mucos		How long 24 hours	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician H. Robinson	
		Address Grantonville Md	
Accident or Suicide?			



Name
in
Full

Laura Fike

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Altamont* *Burnett*

Date of death *1907* *June* *19* Age *5* Years Months Days

Sex *Female* Color or Race *White* Birthplace *Altamont Md*

Occupation _____ Where Residing If not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____

Father's Name *Walter Mc Carbie* Father's Birthplace *Md*

Mother's Maiden Name *Martha Mc Carbie* Mother's Birthplace *Md*

Name of person giving information *Frank Mc Carbie* How related to deceased *Grandfather*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* *93* How long *Short time*

Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above? *as far as obtainable* Signature of Physician *H. D. [Signature]*

Address _____

Accident or Suicide? _____



Name
in
Full

Rudolph F. Fogle

CERTIFICATE OF DEATH

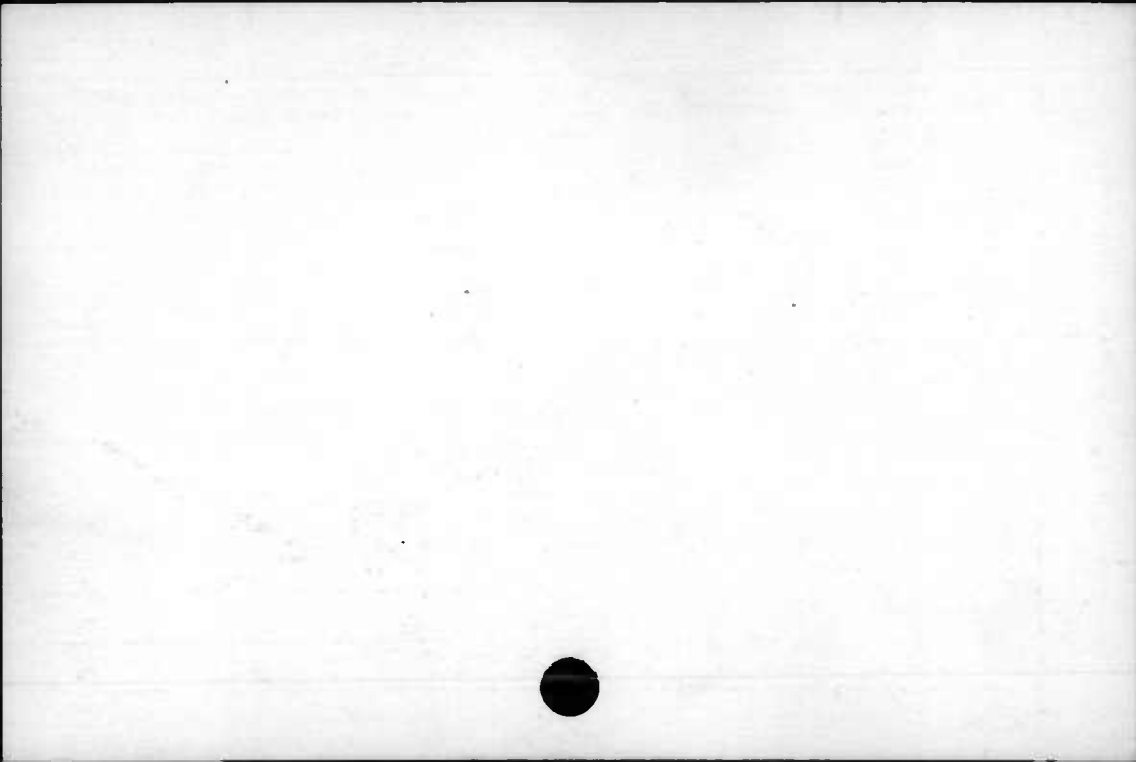
TO BE ANSWERED BY
NEAREST FRIEND

Died at near <i>Lock Lynn</i> ^{Town}		County <i>Garrett</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>Jan</i>	Day <i>9</i>	Age <i>84</i>	Months <i>84</i> Days <i></i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>✓</i>		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband			
Father's Name <i>Has no living relation known</i>			Father's Birthplace <i>Germany</i>		
Mother's Name <i>unpromised to get this information</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving information <i>James J. Lee</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Senility</i>	How long <i>17 1/2</i>
Immediate <i>Heart failure</i>	How long <i>10 minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. E. Legge M.D.</i>
<i>They found dead ten minutes after leaving me room & accident or suicide? <i>going to another</i></i>	Address <i>Garwood Ind</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Infant</i>		Town <i>Selbyport</i>		County <i>Frazee</i>		State <i>Maryland</i>	
Died at <i>Selbyport</i>		Date of death <i>1907</i>		Month <i>June</i>		Day <i>21</i>	
Age <i>2</i>		Years <i>2</i>		Months <i>2</i>		Days <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Selbyport</i>			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Harry Frazee</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Laura Cestiel</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Asa Riley</i>		How related to deceased <i>Nothing</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		(71)		How long	
Immediate <i>Spasms</i>				How long <i>6 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>M. C. Frazee</i>		Address <i>Friendville Ind</i>	
Accident or Suicide?		Address <i>Friendville Ind</i>			

Iraque Ridge

Name
in
Full

Elizabeth Ann Friend

CERTIFICATE OF DEATH

Town

County

Died at

near Sines

Garrett

MARYLAND

Date

1907

Month

January

Day

12

Years

Age

93

Months

11

Days

Sex

female

Color or
Race

white

Birth-
place

Brunston, W. Va

Occupation

Farmers

Where Residing if not
at place of death

near Sines

Married, Single
or Widowed

Widow

Name of Wife or
Husband

etmes. Friend

Father's
Name

John Markley

Father's
Birthplace

Green Co Pa

Mother's
Maiden Name

Elizabeth Friend

Mother's
Birthplace

West Va

Name of person giving
information

Edmond Friend

How related
to deceased

Son

TO BE ANSWERED BY
NEAREST FRIEND

Infirmities of old age

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

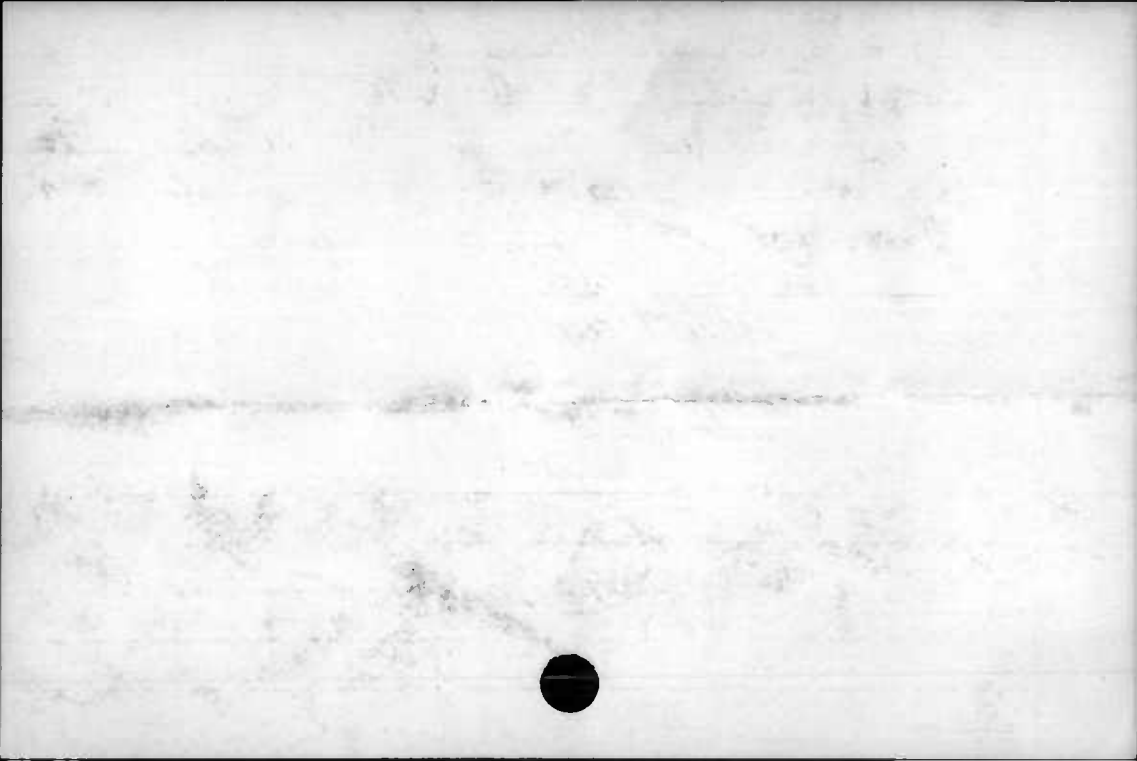
Signature of
Physician

Address

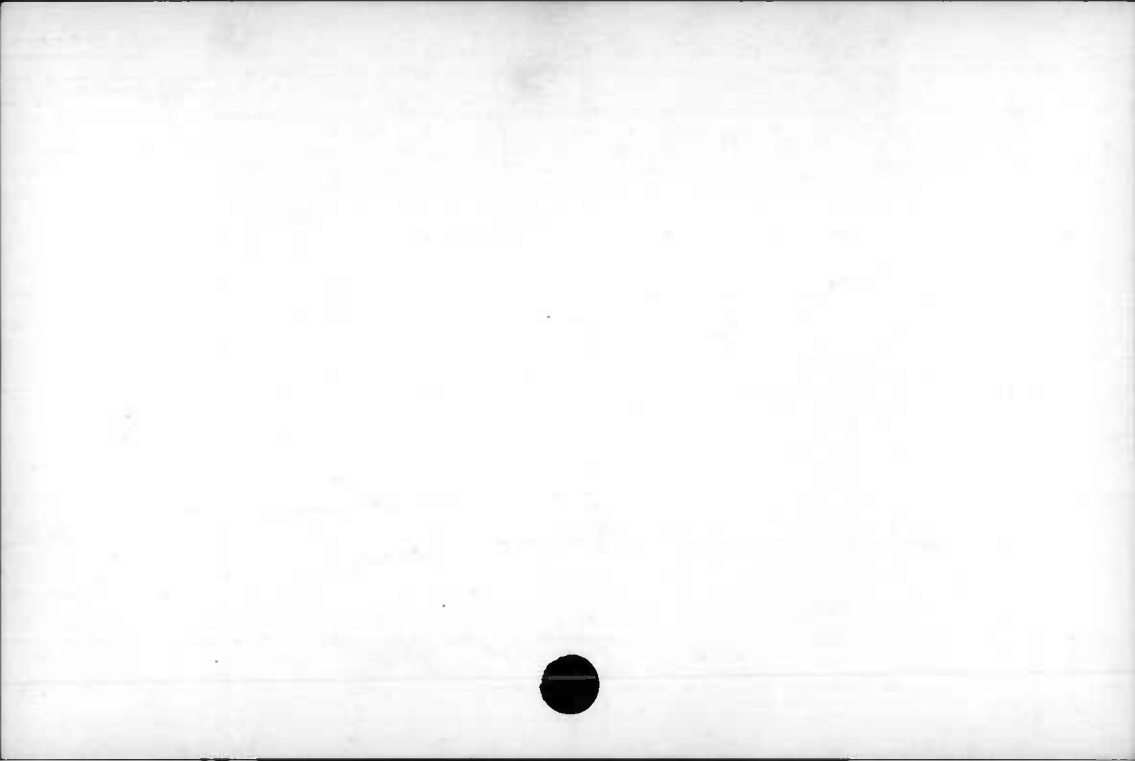
Elizabeth H. D.

A. E. Hinkle

Accident or Suicide?



Name in Full		Ellen J. Huffman				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at		Baltimore		County		MARYLAND						
	Date of death		1907	Month	Jan	Day	5	Age	11	Months	3	Days	10
	Sex		Female		Color or Race		White		Birth-place		Prussia		
	Occupation				Peepie				Where Residing if not at place of death				
	Married, Single or Widowed				-				Name of Wife or Husband				
	Father's Name				Samuel Huffman				Father's Birthplace				
	Mother's Maiden Name				Agnes Treaster				Mother's Birthplace				
Name of person giving information				J. W. Abernathy				How related to deceased					
				CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Nephthema				How long		9				
	Immediate		Weak Heart				How long		few days				
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				J. B. Johnson				
					Address				Bayard				
Accident or Suicide?								Wm					
LIBRARY BUREAU 488616													



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *near* *Garmann* TownCounty *Gaithersburg*Date of death *1907* *Jan* MonthDay *23*Age *23* YearsMonths *1*Days *3*Sex *Female*

Color or Race

White

Birth-place

Md

Occupation

None

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Jesse King

Father's Name

Samuel Harry

Father's Birthplace

Md

Mother's Maiden Name

David King

Mother's Birthplace

Name of person giving information

Joseph King

How related to deceased

Son

CAUSES OF DEATH

Primary

*Senility**154*

How long

Several years

Immediate

Exhaustion

How long

Five days

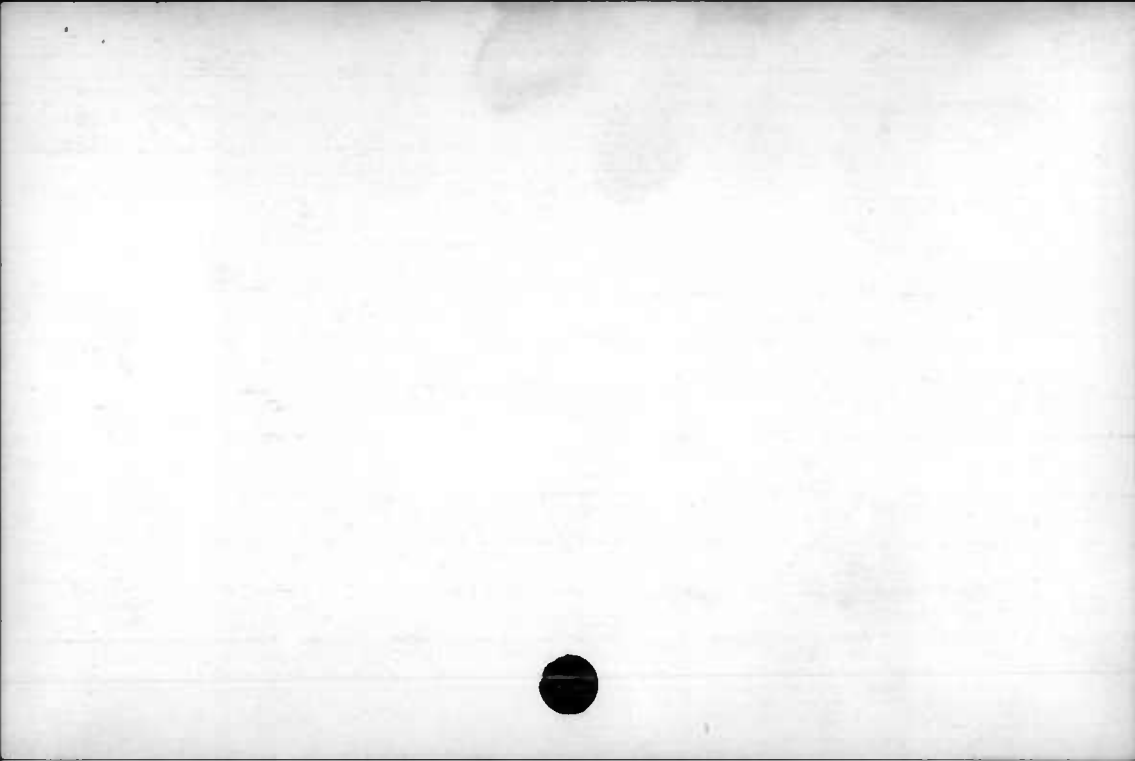
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

J. E. King
201

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town		County	
Date of death		Month	Day	Years	Months
1904		Jan	31	59	2
Sex	Female	Color or Race	White	Birth-place	Louisa
Occupation	Housewife	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Christian Clary		
Father's Name	Philip Pope	Father's Birthplace	Germany		
Mother's Maiden Name	Abba Fisher	Mother's Birthplace	Germany		
Name of person giving information	James Fisher	How related to deceased	Son		

CAUSES OF DEATH

Did not see her until she was in ^{poor} ~~poor~~ ^{poor} condition. About 30 hours before her death.

Immediate

Are the name, age, sex, color, date and place correctly given above?

No. for a
few hours

Signature of Physician

Address

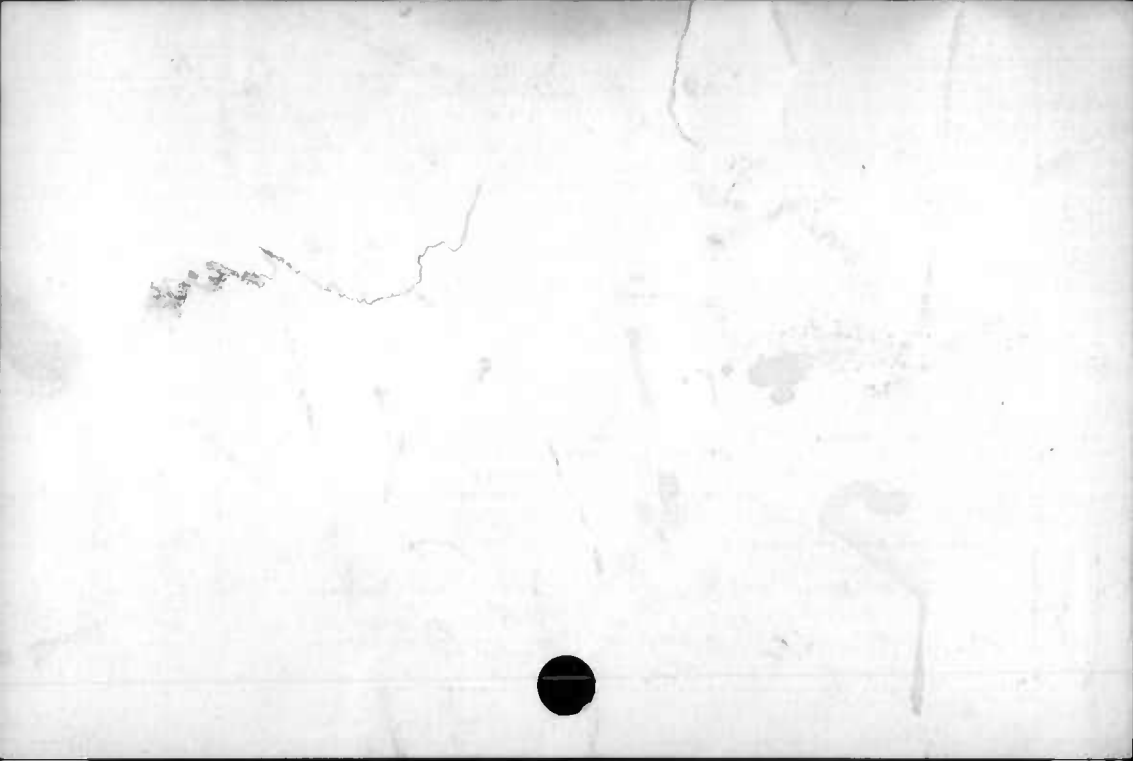
Accident or Suicide?

No

How long

Gros in this condition when I saw her - and she died in few hours

H. T. Robinson
Grandville Ind



William Lansberry

CERTIFICATE OF DEATH

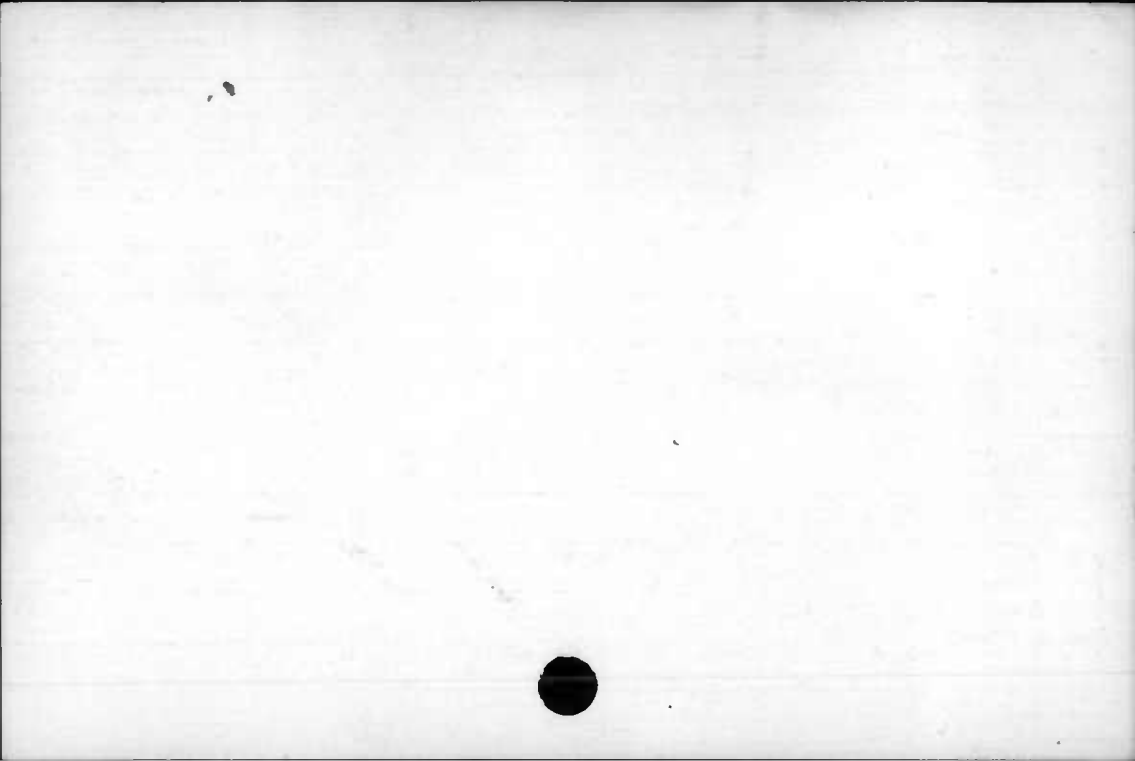
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Walnut Bottom</u>		Town <u>Garrett</u>		County		MARYLAND	
Date of death <u>1907</u>	Month <u>Jan.</u>	Day <u>28</u>	Age <u>52</u>	Years	Months	Days	
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Clearfield co Pa</u>				
Occupation <u>Lumberman</u>	Where Residing if not at place of death <u>Swanton md</u>						
Married, Single or Widowed <u>married</u>	Name of Wife or Husband <u>Mahala Riggensan</u>						
Father's Name <u>Abraham Lansberry</u>	Father's Birthplace <u>Pa</u>						
Mother's Maiden Name <u>Lizzie Lutzer</u>	Mother's Birthplace <u>Pa</u>						
Name of person giving information <u>James Lutzer</u>	How related to deceased <u>Cousin</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Fell off load-lumber & broke neck</u>	How long <u>Instantaneous</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>C. H. Agnew Baker md</u>
	Address <u>Swanton md.</u>
Accident or Suicide? <u>Accident</u>	



Name
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Full

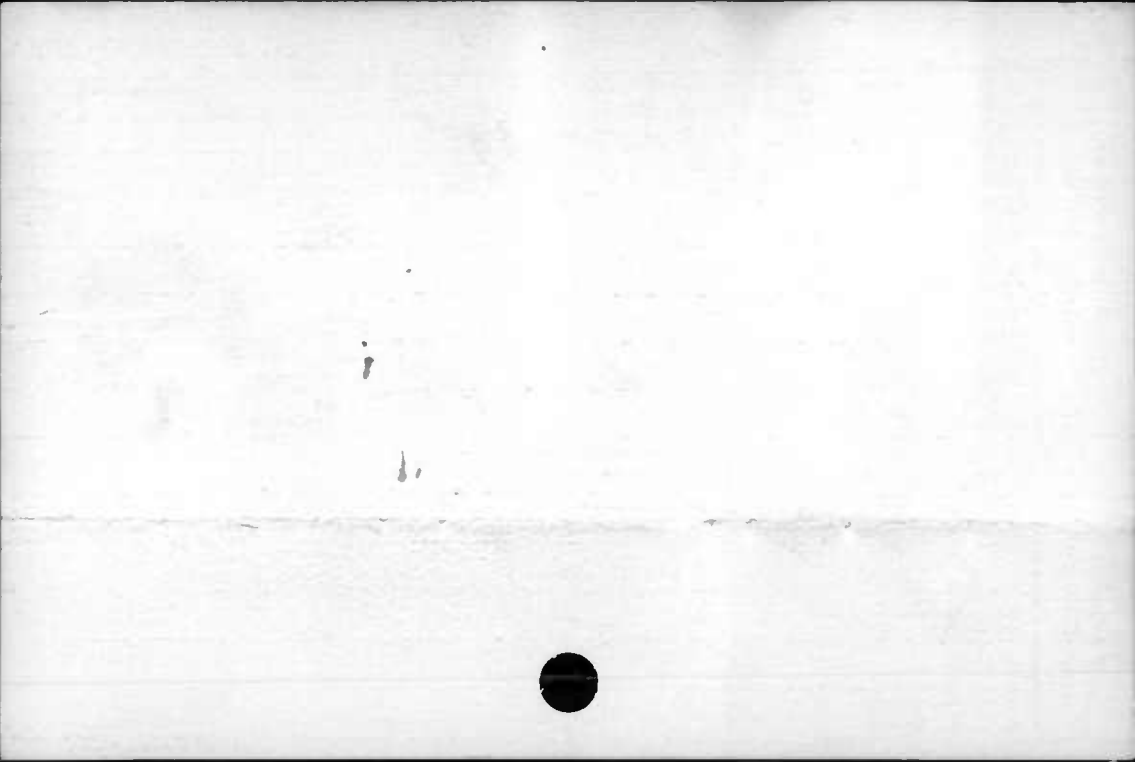
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Summerville</i> Town		<i>Garrett</i> County		, MARYLAND		
Date of death <i>1907</i>		Month <i>July</i>	Day <i>7th</i>	Years <i>29</i>	Months <i>3</i>	Days <i>16</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Garrett County</i>		
Occupation <i>Farming</i>		Where Residing if not at place of death <i>Summerville</i>				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name <i>Robert Lee</i>		Father's Birthplace <i>Garrett Co.</i>				
Mother's Maiden Name <i>Christina Waltz</i>		Mother's Birthplace <i>Garrett Co.</i>				
Name of person giving information		How related to deceased				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary <i>Diphtheria</i>	How long <i>three days</i>
	<i>hepatitis</i>	How long
	Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>G. Gilbert Selby</i>
		Address <i>Eglen</i>
Accident or Suicide?		<i>W. R. W.</i>



Name
in
Full

Mollie Loan

CERTIFICATE OF DEATH

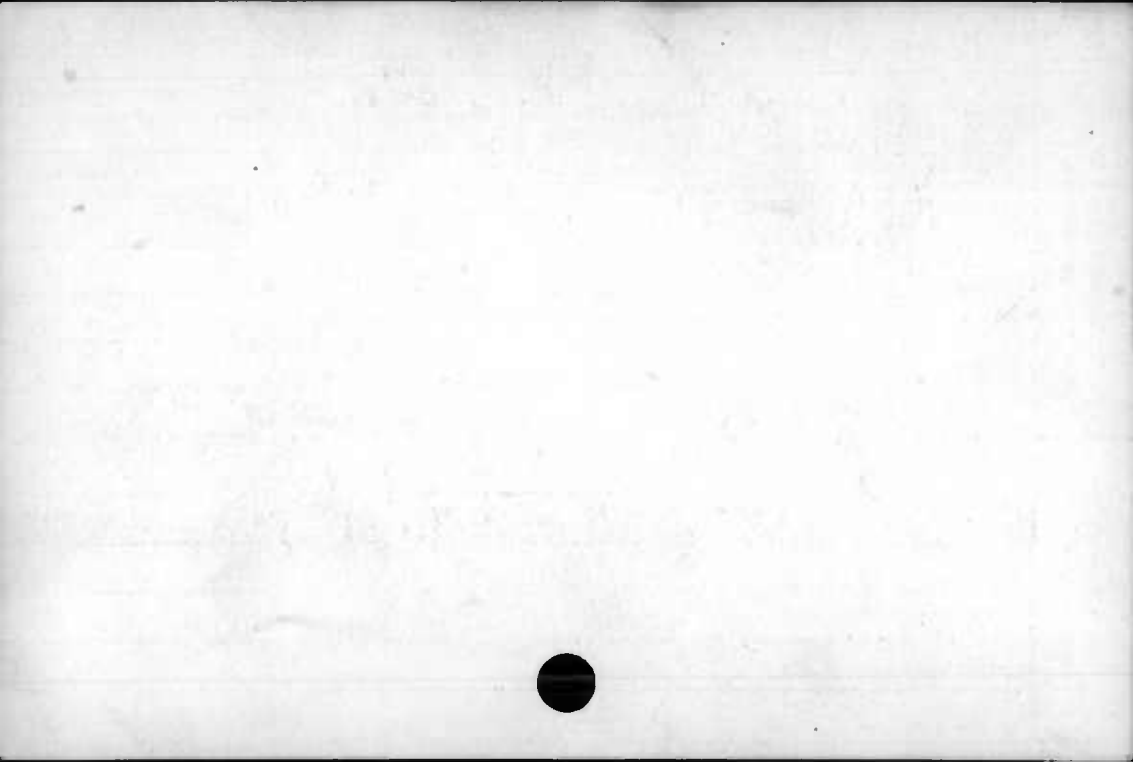
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Belloville</u> ^{Town}		<u>Gornet</u> ^{County}		MARYLAND	
Date of death 190	<u>7</u> ^{Month}	<u>30</u> ^{Day}	Age <u>38</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Frostburg</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>at home</u>			
Name of Wife or Husband					
Father's Name <u>Thos Loan</u>		Father's Birthplace <u>Allegheny Pa</u>			
Mother's Maiden Name <u>Humberman</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Bradford Blech</u>		How related to deceased <u>not any</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia</u>	How long <u>93</u> <u>9 days</u>
Immediate	<u>Heart Failure</u>	How long <u>9 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. A. Watson M.D.</u>
		Address <u>Frostburg Md</u>
Accident or Suicide? <u> </u>		



Name
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Full

Garrett V. Maun

CERTIFICATE OF DEATH

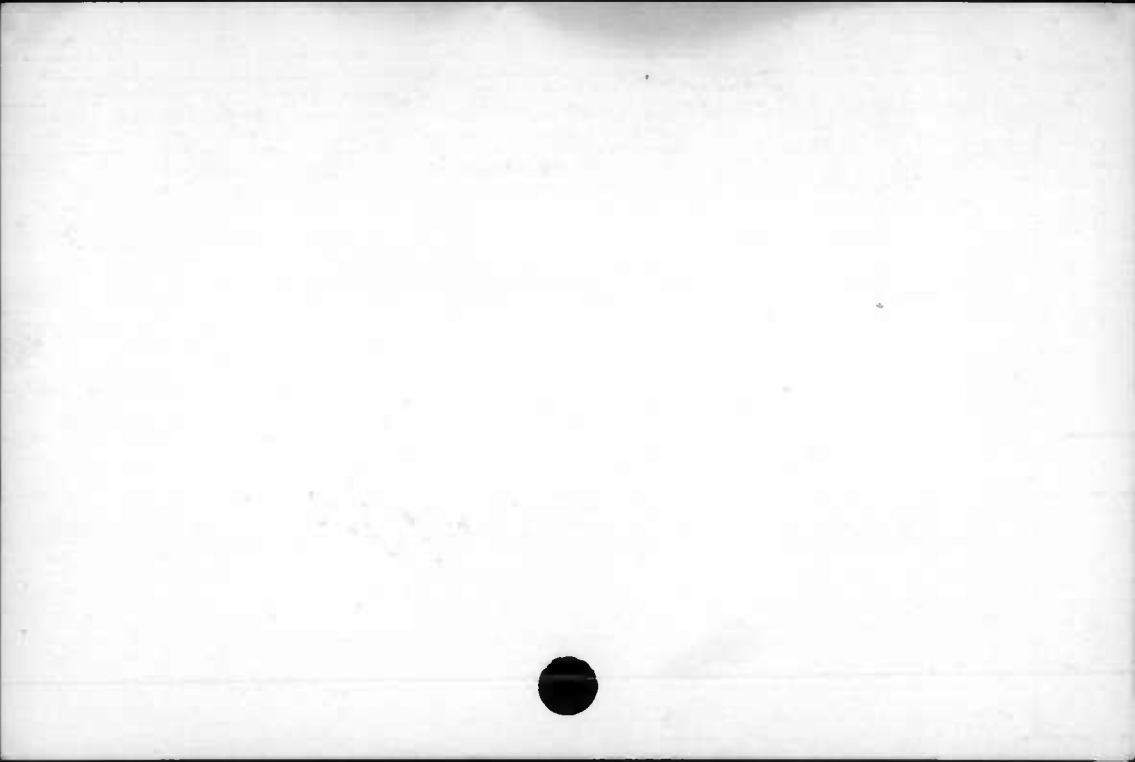
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1907		June	12	Age	85		
Sex		Color or Race		Birth-place			
Male		White		Virginia			
Occupation		Where Residing if not at place of death					
Farmer							
Married, Single or Widowed		Name of Wife or Husband					
Married		Jane Maun					
Father's Name		Father's Birthplace					
Abraham Maun		Virginia					
Mother's Maiden Name		Mother's Birthplace					
Do not know		Do not know					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Secondary	How long
Secretly	154	Several weeks
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Dr. Laughlin	
	Address	
	111d	
Accident or Suicide?		



Name
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Full

Lewis Sausman

CERTIFICATE OF DEATH

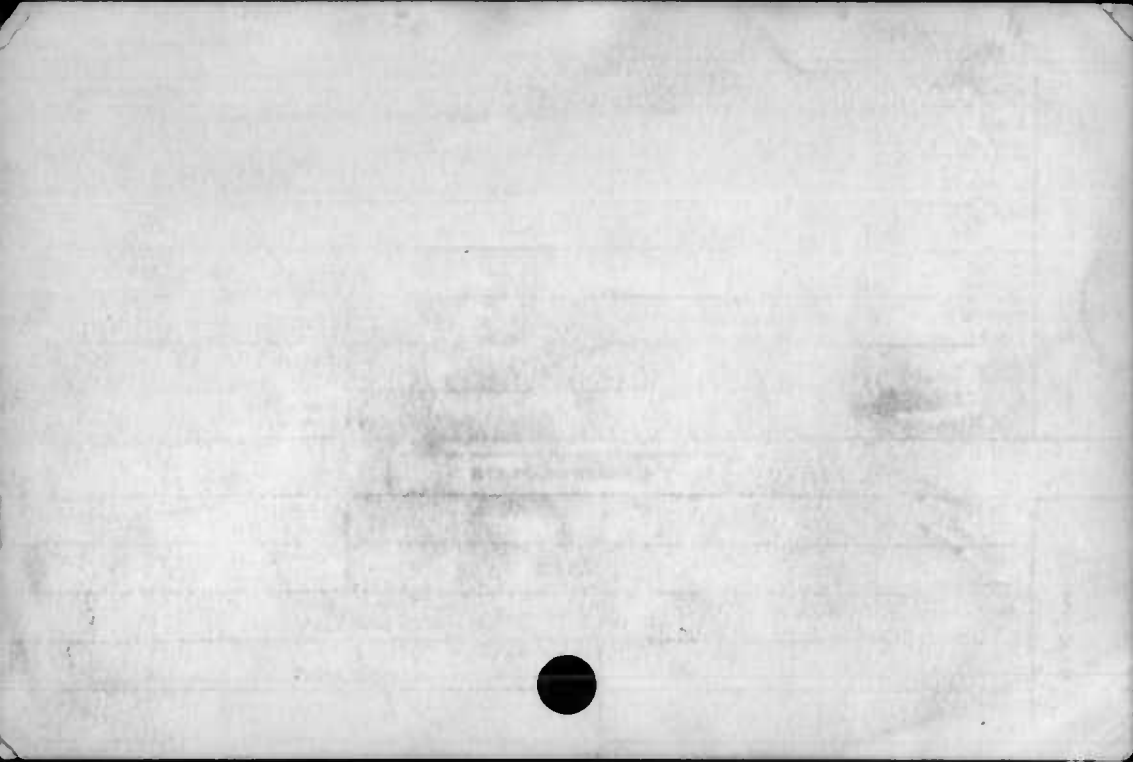
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chautauville</i>		County <i>Garrett</i>		MARYLAND	
Date of death		Month <i>Jan</i>	Day <i>24</i>	Years <i>70</i>	Months <i>8</i>	Days <i>20</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>			
Occupation <i>Farmer</i>				Where Residing if not at place of death <i>at place of death</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Sausman</i>					
Father's Name <i>do not know</i>				Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>"</i>				Mother's Birthplace <i>"</i>			
Name of person giving information <i>Edron Gaddy</i>				How related to deceased <i>Mrs</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Epithelioma of tongue</i>	How long <i>4 weeks</i>
Immediate	<i>Cerv. break down from cancer</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>All correct</i>		Signature of Physician <i>H. J. Robinson</i>
		Address <i>Chautauville, Md.</i>
Accident or Suicide? <i>No</i>		



Name in Full		Franklin Shook				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town McHenry		County Garrett		
		Date of death		Month Jan.	Day 24	Years 73	Months 6	Days 13
		Sex		Male		Color or Race		White
		Occupation		Lobster		Birth- place		Pa
		Married, Single or Widowed		married		Name of Wife or Husband		Martha Shook
		Father's Name		Sant Knave		Father's Birthplace		Germany
		Mother's Maiden Name		Sant Knave		Mother's Birthplace		Germany
Name of person giving In formation		Mrs Ruthin Durst		How related to deceased		Daughter		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>								
PHYSICIAN OR CORONER		Primary		Grippe		How long		one week
		Immediate		Grippe		How long		
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		A. R. Boyer M.D.
		Address				Asadene Md.		
		Accident or Suicide?						



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Amilton</i>		County <i>Gorrell</i>		MARYLAND
	Date of death <i>1907</i>	Month <i>Jan</i>	Day <i>7</i>	Age <i>18</i>	Months <i></i> Days <i></i>
	Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>near Amilton</i>	
	Occupation <i>farmer</i>	Where Residing if not at place of death <i>near Amilton</i>			
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i></i>			
	Father's Name <i>J. O. Wilhelm</i>	Father's Birthplace <i>near Amilton</i>			
	Mother's Maiden Name <i>Gorlits</i>	Mother's Birthplace <i>near Amilton</i>			
	Name of person giving information <i>J. O. Wilhelm</i>	How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary		How long <i>120</i> <i>Kidney trouble</i>		
	Immediate <i>about one year</i>		How long <i></i>		
	Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Hodson</i>		
			Address <i>Lonaconing Md</i>		
	Accident or Suicide? <i></i>		Signature of Coroner <i>David McNeill</i>		

